

City of Florence Flexible Benefit Plan
Plan Document Amendment effective July 1, 2012

The Plan is hereby modified as follows:

SCHEDULE A
Schedules of Benefits
Medical Reimbursement Account

Pay Period for Annual Payroll Contributions: bi-weekly

Employee Annual Contribution Limitations:	Maximum
Health Care Spending	\$2,500.00

Services must be incurred in order to receive reimbursement from this Account. Expenses are considered to be incurred the day the service is rendered, not when a Participant is billed, charged or pays for the service. Reimbursements made during a Plan Year are only made for eligible Expenses incurred during that same Plan Year.

Examples of Expenses for which a Participant may be able to receive reimbursement include:

- Medical and dental Expenses not covered under any other plan,
- Deductibles, co-payments and co-insurance that Participants are responsible for under their primary medical, dental or vision plan, or under any other plan,
- Prescription drugs and medications (including over-the-counter drugs or medicines as long as it is prescribed and there is a written or electronic order for a medicine or drug that meets the legal requirements of a Prescription in the state in which the medical Expense is incurred and that is issued by an individual who is legally authorized to issue a Prescription in that state),
- Eye exams, eyeglasses, contact lenses, and other vision Expenses,
- Orthodontic Expenses,
- Hearing exams, hearing aids, other hearing Expenses,
- Physical therapy (not massage therapy),
- Chiropractics,
- Acupuncture, and
- Psychotherapy.

Examples of Expenses for which a Participant may not be reimbursed include:

- Custodial care,
- Health insurance premiums that a Participant or their spouse pays for coverage under another health plan,
- Costs for sending a child to a special school for Benefits the child may receive from the course of study and disciplinary methods,
- Health club dues,
- Social activities, such as dance lessons ,
- Bottled water,
- Maternity clothes,
- Diaper service or diapers,
- Cosmetics, toiletries, toothpaste, etc.,
- Vitamins taken for general health purposes, and
- Cosmetic surgery or other similar procedure, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease. Cosmetic surgery means any procedure or drug that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevents or treats illness or disease.

Health Reimbursement Arrangement (HRA) Plan

If an FSA Participant is enrolled in the HRA Plan, the Plan Participant will decide which Plan reimburses the requested benefits after the services have been processed through the Health Benefit Plan. The Participant must submit the correct reimbursement form. Benefit Credit cannot be transferred between the Health FSA and HRA Plan once a payment has been issued.

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Attest: IN WITNESS WHEREOF, the City of Florence Flexible Benefit Plan adopted, by execution hereof, effective as of July 1, 2012.

Approved this _____ day of _____, 2_____

By Name _____

Title _____